

**(PTO ASSISTANCE)**

**Application :** 10/008466

Examiner : Edmondson

GAU : 1725

**From:** S.M.G.

**Location:** (IDC) FMF FDC

Date: 8/26/05

Tracking #: 06128020

Week Date: 8/15/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>3.04.05</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Claims:

Renumbered claim 6 (original claim 7) depends ~~on~~ improperly depends on renumbered claim 9 (original claim 10).

Please resolve.

Renumbered claim 31 (original claim 48) improperly depends on canceled claim 1.

Please resolve.

Thank you,  
B.M.G.

**[XRUSH] RESPONSE:**

**INITIALS:**

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04